



**Maine State Archives**  
 84 SHS, Augusta, ME 04333-0084  
 Tel. (207)287-5798 Email: felicia.kennedy@maine.gov

## Application for Records Retention Schedule

Department	Bureau/Division	Date
Agency Records Officer	Mailing Address	Telephone Number

**Certificate of Agency Representative:**

I hereby certify that I am authorized to act for this agency in matters relating to the disposal of its record series as described in this Records Retention Schedule. These records will not be needed for current business after the retention period(s) specified.

Date	Signature of Agency Records Officer (Other Agency Head – Please Specify)
------	--------------------------------------------------------------------------

☐ New Schedule    ☐ Amendment to Existing Schedule

If amendment, please indicate reason:

- ☐ Change in retention (please give justification)
- ☐ Other (describe)

\*See Inventory Form for media examples. \*\*Give amount of time in agency and in Records Center (i.e. no. of years, contingent upon event, less than one year, permanent, etc.)

Series No. <small>(If Amended)</small>	Series Title	Media Type*	Time Retained in Agency**	Time Retained in Center**	Total Retention Period	Destroy or Archives

### Maine State Archives Use Only

Agency No.	Schedule No.
Date	Signature of State Archivist

MSA/RM 22/Rev. 042015